

101791,898

**CLAIMS AS FILED - PART I**

(Column 1) (Column 2)

| FOR                                    | NUMBER FREU | NUMBER EXTRU |
|--|-------------|--------------|
| BASIC FEE<br>(3) CFR 1.10(e))          |             |              |
| TOTAL CLAIMS<br>(3) CFR 1.10(c))       | mtive 20 +  |              |
| INDEPENDENT CLAIMS<br>(3) CFR 1.10(u)) | mtive 3 +   |              |

\* If the difference in column 1 is less than 0.0002000, enter '0' in column 2.

| SMALL ENTITY |          | OR | OTHER THAN<br>SMALL ENTITY |          |
|--------------|----------|----|----------------------------|----------|
| RATE         | FEES     |    | RATE                       | FEES     |
| 11.....+     | 11.....+ | OR | 11.....+                   | 11.....+ |
| K1.....+     |          | OR | K1.....+                   |          |
| K1.....+     |          | OR | K1.....+                   |          |
| 11.....+     |          | OR | 11.....+                   |          |
| TOTAL        | .        | OR | TOTAL                      | .        |

**CLAIMS AS AMENDED - PART II**

2/23/06 (Column 1)

|                                   | (Column 1)                                | (Column 2)                                  | (Column 3)         |
|-----------------------------------|---|---|--------------------|
| AMENDMENT A                       | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESIDENT<br>EXTRA |
| TOtal<br>(1) CFA 1 (6)(II)        | 32  | Minus                                       | " 33 —             |
| Independent<br>(1) CFA 1 (6)(VII) | 3   | Minus                                       | ... 3 —            |

FIRST PRESCRIPTION OF MULTIPLE DEPENDENCY DRUGS - 11/1/2011 11:16AM

| SMALL ENTITY       |                        | OR | OTHER THAN<br>SMALL ENTITY |                        |
|--------------------|------------------------|----|----------------------------|------------------------|
| RATE               | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |
| X \$ 25.           |                        | OR | X \$ 50.                   |                        |
| X \$ 100.          |                        | OR | X \$ 200.                  |                        |
| + \$ _____         |                        | OR | + \$ _____                 |                        |
| TOTAL<br>ADD'L FEE |                        | OR | TOTAL<br>ADD'L FEE         |                        |

| AMENDMENT B                     | (Column 1)                               |       | (Column 2)                                  |                  | (Column 3) |  |
|---------------------------------|--|-------|---|------------------|------------|--|
|                                 | CLAMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |            |  |
| Total<br>(37 CFR 1.16(c))       | *  | Minus | **  | *                |            |  |
| Independent<br>(37 CFR 1.16(d)) | *  | Minus | ***   | *                |            |  |

FIRST PRESENTATION OF MULTIPLE DEPENDENT DATA (SICERI 1990)

| RATE                   | ADDITIONAL FEE | RATE                   | ADDITIONAL FEE |
|------------------------|----------------|------------------------|----------------|
| X \$ ____ =            |                | OR X \$ ____ =         |                |
| X \$ ____ =            |                | OR X \$ ____ =         |                |
| 4 \$ ____ =            |                | OR 4 \$ ____ =         |                |
| <b>TOTAL ADD'L FEE</b> |                | <b>TOTAL ADD'L FEE</b> |                |

|                                  | (Column 1)                                 | (Column 2) | (Column 3)                                  |
|----------------------------------|--|------------|---|
| AMENDMENT C                      | CLAIMS<br>REMAINING<br>AFTR<br>AMENDMENT I |            | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR |
| Total                            |  | Minus      | **  |
| Independent<br>(1) C.R. & Equil. |  | Minus      | ***   |
|                                  |  |            | +   |

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS (37 CFR 1.16(d))

| RATE            | ADDITIONAL FEE | RATE           | ADDITIONAL FEE  |
|-----------------|----------------|----------------|-----------------|
| X \$ ____ =     |                | OR X \$ ____ = |                 |
| K\$ ____ =      |                | OR X \$ ____ = |                 |
| Y\$ ____ =      |                | OR X \$ ____ = |                 |
| TOTAL ADD'L FEE |                | OR             | TOTAL ADD'L FEE |

\* If the entry in column 1 is less than the entry in column 2, swap '11' in column 3.

"If the 'Highest Number Previously Paid For' in THIS SPACE is less than 20, enter: 20."

\*\*\* If the Highest Number Paid, exactly Paid for the THIS SPACE is less than 2d. enter .20

The Highest Number Pluribus Paid For: Select or independent is the highest number found in the appropriate box in column 1.

This request for information is required by 37 CFR 1.16. The information is requested to obtain or retain a benefit in the prior which is to be had by the USPTO to process an application. Confidentiality is provided by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 17 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Please send us your name to complete the form. Call 1-800-310-9193 and select option 2.